Case 19-67470-sms Doc 1 Filed 11/01/19 Entered 11/01/19 14:49:37 Desc Main Document Page 1 of 51

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF GEORGIA - ATLANTA DIVISION	-	
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Amber First name Rochelle Middle name Beasley Last name and Suffix (Sr., Jr., II, III)	First name Middle name Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-3974	

Case 19-67470-sms Doc 1 Filed 11/01/19 Entered 11/01/19 14:49:37 Desc Main Document Page 2 of 51 Case number (if known)

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing husiness as names	■ I have not used any business name or EINs. Business name(s)	☐ I have not used any business name or EINs. Business name(s)			
doing business as names	EINs	EINs			
Where you live	2457 Newgate Dr	If Debtor 2 lives at a different address:			
	Decatur, GA 30035 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		County			
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
	Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			
	Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names Where you live Why you are choosing this district to file for	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names Business name(s) EINS Where you live 2457 Newgate Dr Decatur, GA 30035 Number, Street, City, State & ZIP Code DeKalb County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing this district to file for bankruptcy Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason.			

Doc 1 Filed 11/01/19 Entered 11/01/19 14:49:37 Desc Main Case 19-67470-sms Document Page 3 of 51

Debtor 1 Amber Rochelle Beasley

Case number (if known)

Par	Tell the Court About	our Ba	ankruptcy Ca	ise			
7.	The chapter of the Bankruptcy Code you are				f each, see <i>Notice Required by</i> page 1 and check the appropriat	11 U.S.C. § 342(b) for Individuals Filing for Bankr e box.	ruptcy
	choosing to file under	■ Ch	napter 7				
		☐ Ch	napter 11				
		☐ Ch	napter 12				
		☐ Ch	napter 13				
8.	How you will pay the fee		about how yo	ou may pay. Typic attorney is subm	cally, if you are paying the fee yo	k with the clerk's office in your local court for more urself, you may pay with cash, cashier's check, o alf, your attorney may pay with a credit card or ch	r money
						on, sign and attach the Application for Individuals	to Pay
			Ū		(Official Form 103A). /ed (You may request this option	n only if you are filing for Chapter 7. By law, a jud	ge may
			but is not req applies to you	uired to, waive your family size and	our fee, and may do so only if you I you are unable to pay the fee in	ur income is less than 150% of the official poverty in installments). If you choose this option, you must ital Form 103B) and file it with your petition.	y line that
9. Have you filed for bankruptcy within the							
	last 8 years?	☐ Ye	s. District		When	Case number	
			District			Case number Case number	
			District		When	Case number	
			District		Wildin	Cusc number	
10.	Are any bankruptcy cases pending or being	■ No	1				
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Ye	s.				
			Debtor			Relationship to you	
			District		When	Case number, if known	
			Debtor			Relationship to you	
			District		When	Case number, if known	
11.	Do you rent your	□ No	Go to l	ine 12.			
	residence?	■ Ye:	Hoove	our landlord obtain	ned an eviction judgment agains	t you?	
		— 16:	J. ■	No. Go to line 12			
				Yes. Fill out <i>Initi</i> bankruptcy petit		Judgment Against You (Form 101A) and file it witl	h this

Doc 1 Filed 11/01/19 Entered 11/01/19 14:49:37 Desc Main Case 19-67470-sms Document Page 4 of 51

Debtor 1 Amber Rochelle Beasley

Case number (if known)

Par	Report About Any Bu	sinesses	You Owi	n as a Sole Proprie	tor	
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.		
		☐ Yes.	Name	e and location of bus	siness	
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation,		Name	e of business, if any		
	partnership, or LLC. If you have more than one sole proprietorship, use a		Numl	per, Street, City, Sta	te & ZIP Code	
	separate sheet and attach it to this petition.		Chec	k the appropriate ho	ex to describe your business:	
	it to this petition.				ness (as defined in 11 U.S.C. § 101(27A))	
					Estate (as defined in 11 U.S.C. § 101(51B))	
				_	efined in 11 U.S.C. § 101(53A))	
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))	
				None of the above	e	
13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it ca deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sh operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, foll in 11 U.S.C. 1116(1)(B).			a small business debtor, you must attach your most recent balance sheet, statement o	of		
	For a definition of small	■ No.	I am	not filing under Char	oter 11.	
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am t		11, but I am NOT a small business debtor according to the definition in the Bankruptcy	/
		☐ Yes.	I am	filing under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code	e.
Dow	Deport if You Own or	Have Any	Llamand	oue Drementy en An	v Dranauty That Needa Immediate Attention	
Par	<u> </u>		паzаго	ous Property or An	y Property That Needs Immediate Attention	
14.	Do you own or have any property that poses or is	No.				
	alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is	the hazard?		
	public health or safety? Or do you own any property that needs immediate attention?			diate attention is why is it needed?		
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where i	s the property?		
	-				Number, Street, City, State & Zip Code	

Case 19-67470-sms Doc 1 Filed 11/01/19 Entered 11/01/19 14:49:37 Desc Main Document Page 5 of 51

Debtor 1 Amber Rochelle Beasley

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Amber Rochelle Beasley Case number (if known)

Part	6: Answer These Questi	ons for Re	porting Purposes				
16.	What kind of debts do you have?		Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b.				
			Yes. Go to line 17.				
				ess debts? Business debts are debts that ent or through the operation of the business			
			☐ No. Go to line 16c.				
			☐ Yes. Go to line 17.				
		16c.	State the type of debts you owe the	nat are not consumer debts or business d	ebts		
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. G	o to line 18.			
	Do you estimate that after any exempt property is excluded and administrative expenses		I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?				
	are paid that funds will		■ No				
	be available for distribution to unsecured creditors?		□ Yes				
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-19 □ 200-99		□ 1,000-5,000 □ 5001-10,000 □ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000		
19.	How much do you estimate your assets to be worth?	■ \$0 - \$50,000 □ \$50,001 - \$100,000 □ \$100,001 - \$500,000 □ \$500,001 - \$1 million		□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion		
20.	How much do you estimate your liabilities to be?	□ \$100,0	0,000 11 - \$100,000 01 - \$500,000 01 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion		
Part	7: Sign Below						
For	you		•	under penalty of perjury that the informati	·		
				n aware that I may proceed, if eligible, un available under each chapter, and I choos			
				ay or agree to pay someone who is not ar tice required by 11 U.S.C. § 342(b).	n attorney to help me fill out this		
		I request r	elief in accordance with the chapt	er of title 11, United States Code, specifie	ed in this petition.		
		bankruptc and 3571.	y case can result in fines up to \$2	cealing property, or obtaining money or pr 50,000, or imprisonment for up to 20 year	roperty by fraud in connection with a rs, or both. 18 U.S.C. §§ 152, 1341, 1519,		
		Amber R	or Rochelle Beasley Ochelle Beasley of Debtor 1	Signature of Debtor 2			
		Executed	November 1, 2019 MM / DD / YYYY	Executed on MM / D	DD / YYYY		

Case 19-67470-sms Doc 1 Filed 11/01/19 Entered 11/01/19 14:49:37 Desc Main Page 7 of 51 Document Case number (if known)

Debtor 1 **Amber Rochelle Beasley**

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Ciara L	owe, GA Bar No.	Date	November 1, 2019	
Signature of	Attorney for Debtor		MM / DD / YYYY	
Ciara Low	e, GA Bar No. 658035			
	ashington, L.L.C.			
Building 3				
Atlanta, G Number, Street,	City, State & ZIP Code			
Contact phone	770-488-9338	Email address	cworders@cw13.com	
GA				
Bar number & S	tate			

Fill in	this informa	ation to identify you	r case:			
Debto	r 1	Amber Rochelle First Name	Beasley Middle Name	Last Name		
Debto	r 2	riiotranio	Middle Name	Edot Name		
(Spouse	e if, filing)	First Name	Middle Name	Last Name		
United	l States Bank	cruptcy Court for the:	NORTHERN DISTRICT (OF GEORGIA - ATLANTA DI	VISION	
Case	number					
(if know						Check if this is an
					a	mended filing
O.(;;		4.07				
	cial For					
Stat	ement d	of Financial	Affairs for Individ	duals Filing for B	ankruptcy	4/19
					equally responsible for sup y additional pages, write you	
		. Answer every que		this form. On the top of an	y additional pages, write you	ii name and case
Part 1	Give De	tails About Your Ma	arital Status and Where You	Lived Before		
1. W	nat is your o	current marital statu	IS?			
	Married					
	Not marri	ed				
2. D	uring the las	st 3 years, have you	lived anywhere other than	where you live now?		
] No					
		all of the places you l	ived in the last 3 years. Do no	ot include where you live nov	I.	
-	Debtor 1 Pric	or Address:	Dates Debtor 1	Debtor 2 Prior Ac	ldross:	Dates Debtor 2
	COLOT TITLE	n Audi 633.	lived there	Debiol 21 Hor Ac	iui 633.	lived there
		n Walk Circle	From-To: 2015 - 01/2017	☐ Same as Debtor	1	☐ Same as Debtor 1 From-To:
3	stone wour	ntain, GA 30083	2013 - 01/2017			FIOTI-TO:
	and territorie	s include Arizona, Ca		vada, New Mexico, Puerto R	ity property state or territor ico, Texas, Washington and V	
Part 2	Evnlain	the Sources of You	r Income			
r art Z	Explain	the oodices of rou	i ilicollic			
Fi	Il in the total	amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part		ndar years?
	l No					
		n the details.				
			Dalifar 4		Dalitano	
			Debtor 1 Sources of income	Gross income	Debtor 2 Sources of income	Gross income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
		f current year until for bankruptcy:	■ Wages, commissions, bonuses, tips	\$30,000.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

Case 19-67470-sms Doc 1 Filed 11/01/19 Entered 11/01/19 14:49:37 Desc Main Document Page 9 of 51 Case number (if known)

					Debtor 1		Debtor 2		
					Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inc Check all that a		Gross income (before deductions and exclusions)
			dar year: December	31, 2018)	■ Wages, commissions, bonuses, tips	\$33,000.00	☐ Wages, combonuses, tips	nmissions,	
					☐ Operating a business		☐ Operating a	business	
			dar year be December		■ Wages, commissions, bonuses, tips	\$36,000.00	☐ Wages, combonuses, tips	nmissions,	
					☐ Operating a business		☐ Operating a	business	
	and winr	other nings. each s	public bene If you are fili	it payments; ng a joint cas he gross inco	er that income is taxable. Exa pensions; rental income; inter- e and you have income that y me from each source separat	est; dividends; money collect ou received together, list it o	cted from lawsuits; only once under D	royalties; ar ebtor 1.	
					Debtor 1		Debtor 2		
					Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inc Describe below		Gross income (before deductions and exclusions)
Par	t 3:	List	Certain Pa	vments You	Made Before You Filed for E	,			
6.	Are		Debtor 1's Neither De individual p	or Debtor 2' ebtor 1 nor Derimarily for a	s debts primarily consumer lebtor 2 has primarily consu personal, family, or househole re you filed for bankruptcy, die	debts? mer debts. Consumer debt d purpose."			01(8) as "incurred by an
			□ No. □ Yes * Subject	paid that cre not include	. each creditor to whom you paiceditor. Do not include paymen payments to an attorney for the on 4/01/22 and every 3 years	ts for domestic support obliquis bankruptcy case.	gations, such as ch	nild support a	and alimony. Also, do
		Yes.			r both have primarily consure you filed for bankruptcy, did		al of \$600 or more	?	
			□ No.	Go to line 7					
			■ Yes	include pay	arch creditor to whom you paid ments for domestic support of this bankruptcy case.				
	Cre	editor'	s Name and	d Address	Dates of payme	nt Total amount	Amount you	Was this	payment for

400.0 4.4.	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for
1803 Capital 08/2019 \$1,845 \$2,190.00 \$12,023.00	• • • • • • • • • • • • • • • • • • • •	08/2019 \$1,845 09/2019 \$345	\$2,190.00	\$12,023.00	☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors

Doc 1 Filed 11/01/19 Entered 11/01/19 14:49:37 Desc Main Document Page 10 of 51 Case number (if known) Case 19-67470-sms

7.	Within 1 year before you filed for bankrupto Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. ■ No □ Yes. List all payments to an insider.	rtners; relatives of any gen control, or owner of 20% o	eral partners; partne r more of their voting	rships of which you	ou are a genera any managing a	al partner; corporations gent, including one for
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
8.	Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cost		•		account of a de	ebt that benefited an
	Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
			puid	Cim One	morado orda	
Par	t 4: Identify Legal Actions, Repossession	ns, and Foreclosures				
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of the case	
	First Financial Investment Fund V LLC vs Amber Beasley 19M05002	Suit on Account	Magistrate Court of DeKalb County 556 N McDonough St #100 Decatur, GA 30030		□ Pending□ On appeal■ Concluded	
	Montain Crest. LP	Suit on Account	Magistrate Court of DeKalb County 556 N McDonough St #100 Decatur, GA 30030		Pending	
	vs Amber Beasley 19M14522				☐ On appeal☐ Concluded	
	131114322		Decatur, GA 30	030	Dismissed	i
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.		erty repossessed, fo	oreclosed, garni	shed, attached	d, seized, or levied?
	Creditor Name and Address	Describe the Property		Date		Value of the
		Explain what happened	I			property
	Amigo Auto Sales, Inc. 4342 Buford Hwy. Atlanta, GA 30341	2015 Honda Accord □ Property was repossessed. □ Property was foreclosed.			019	\$12,000.00
		☐ Property was garnished. ☐ Property was attached, seized or levied.				
			., JOILOG OF TOVICO.			

Case 19-67470-sms Doc 1 Filed 11/01/19 Entered 11/01/19 14:49:37 Desc Main Document Page 11 of 51 Case number (if known)

11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details.						
	Creditor Name and Address	De	scribe the action the creditor took	Date action was taken	Amount		
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a ■ No □ Yes		as any of your property in the possession of an a er official?	assignee for the bene	fit of creditors, a		
Par	List Certain Gifts and Contributions						
13.	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift.	otcy, c	did you give any gifts with a total value of more t	han \$600 per person?			
	Gifts with a total value of more than \$600 per person		Describe the gifts	Dates you gave the gifts	Value		
	Person to Whom You Gave the Gift and Address:						
14.	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift or cor	•	did you give any gifts or contributions with a tota	al value of more than	\$600 to any charity?		
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)		Describe what you contributed	Dates you contributed	Value		
Par	t 6: List Certain Losses						
15.	Within 1 year before you filed for bankrupt or gambling?	cy or	since you filed for bankruptcy, did you lose any	thing because of thef	, fire, other disaster,		
	■ No □ Yes. Fill in the details.						
	how the loss occurred	nclude	ibe any insurance coverage for the loss ethe amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost		
Par	List Certain Payments or Transfers						
16.	consulted about seeking bankruptcy or pr	eparii	id you or anyone else acting on your behalf pay on gabankruptcy petition? s, or credit counseling agencies for services required		ty to anyone you		
	□ No■ Yes. Fill in the details.						
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo	u	Description and value of any property transferred	Date payment or transfer was made	Amount of payment		
	Clark & Washington, LLC 3300 Northeast Expressway Building 3 Atlanta, GA 30341		Partial Chapter 7 Filing Fee	11/2019	\$75.00		

Case 19-67470-sms Doc 1 Filed 11/01/19 Entered 11/01/19 14:49:37 Desc Main Document Page 12 of 51 Case number (if known)

Debtor 1 Amber Rochelle Beasley

	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and transferred	value of any prop	erty	Date payment or transfer was made	Amount of payment			
	CIN Legal Data Services Box 88229 Milwaukee, WI 53288	Various Pre-ba	ankruptcy Servic	ees	11/2019	\$70.00			
17.	Within 1 year before you filed for bankruptc promised to help you deal with your credito Do not include any payment or transfer that you	rs or to make paymen			or transfer any prope	erty to anyone who			
	■ No □ Yes. Fill in the details.								
	Person Who Was Paid Address	Description and transferred	value of any prop	erty	Date payment or transfer was made	Amount of payment			
18.	 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do no include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. 								
	Person Who Received Transfer Address	Description and property transfe				Date transfer was made			
19.	Person's relationship to you Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro No Yes. Fill in the details. Name of trust	otection devices.)	ny property to a so			Date Transfer was			
Par	+ 9. List of Cortain Financial Accounts Ins	etrumonte. Safa Danos	it Boyes and Stor	ago Unite		made			
	List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes, Fill in the details.								
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	• • • • • • • • • • • • • • • • • • • •		ite account was osed, sold, oved, or insferred	Last balance before closing or transfer			
	Bank of America, N. A. Brian T. Moynihan, CEO 100 North Tryon Street Charlotte, NC 28202	XXXX-	■ Checking □ Savings □ Money Marke □ Brokerage □ Other		/2019	\$0.00			

Case 19-67470-sms Doc 1 Filed 11/01/19 Entered 11/01/19 14:49:37 Desc Main Document Page 13 of 51 Case number (if known)

21.	1. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?					
	■ No					
	Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?		
22.	Have you stored property in a storage unit or	place other than your home within 1	year before you filed for bankruptcy	?		
	NoYes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?		
Pai	t 9: Identify Property You Hold or Control fo	r Someone Else				
23.	Do you hold or control any property that some for someone.	eone else owns? Include any proper	ty you borrowed from, are storing for	r, or hold in trust		
	■ No					
	Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value		
Pai	t 10: Give Details About Environmental Inform	mation				
For	the purpose of Part 10, the following definition	s apply:				
	Environmental law means any federal, state, or toxic substances, wastes, or material into the regulations controlling the cleanup of these s	air, land, soil, surface water, ground	<u> </u>			
	Site means any location, facility, or property a to own, operate, or utilize it, including disposa		aw, whether you now own, operate,	or utilize it or used		
	Hazardous material means anything an environment of the material means anything and the material means and the material	onmental law defines as a hazardous	waste, hazardous substance, toxic	substance,		
Ren	ort all notices, releases, and proceedings that		they occurred			
·	Has any governmental unit notified you that y		•	ental law?		
	■ Ma					
	■ No □ Yes. Fill in the details.					
	Name of site	Governmental unit	Environmental law, if you	Date of notice		
	Address (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and ZIP Code)		Dute of Hotioe		
25.	Have you notified any governmental unit of ar	ny release of hazardous material?				
	■ No					
	Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice		

Case 19-67470-sms Doc 1 Filed 11/01/19 Entered 11/01/19 14:49:37 Desc Main Document Page 14 of 51 Case number (if known)

Debtor 1 Amber Rochelle Beas

26.	Have you been a party in ar	ny judicial or admin	istrative proceeding under any en	vironmental law? Include settlement	s and orders.				
	■ No								
	☐ Yes. Fill in the details.								
	Case Title Case Number		Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case				
Pai	rt 11: Give Details About Yo	our Business or Co	nnections to Any Business						
27.	Within 4 years before you fi	iled for bankruptcy	, did you own a business or have a	any of the following connections to a	ny business?				
	☐ A sole proprietor or	self-employed in a	trade, profession, or other activit	y, either full-time or part-time	•				
	☐ A member of a limit	ed liability compan	y (LLC) or limited liability partners	ship (LLP)					
	☐ A partner in a partn	ership							
	☐ An officer, director,	or managing exec	utive of a corporation						
	☐ An owner of at leas	t 5% of the voting o	or equity securities of a corporatio	n					
	No. None of the above	No. None of the above applies. Go to Part 12.							
	Yes. Check all that app	oly above and fill in	the details below for each busine	SS.					
			escribe the nature of the business						
	Address (Number, Street, City, State and ZIF	Code)	lame of accountant or bookkeeper		ly number or ITIN.				
				Dates business existed					
28.	Within 2 years before you fi institutions, creditors, or of		, did you give a financial statemen	t to anyone about your business? In	clude all financial				
	.	•							
	■ No □ Yes. Fill in the details I	below.							
	Name		Pate Issued						
	Address (Number, Street, City, State and ZIF	Code)							
Pai	rt 12: Sign Below								
ha	eve read the answers on this	Statement of Finan	ocial Affairs and any attachments	and I declare under penalty of perjury	v that the answers				
are with	true and correct. I understar	nd that making a falult in fines up to \$2		y, or obtaining money or property by					
/s/	/ Amber Rochelle Beasley								
	nber Rochelle Beasley gnature of Debtor 1		Signature of Debtor 2						
Dat	November 1, 2019		Date						
I N	No	to Your Statement	of Financial Affairs for Individuals	s <i>Filing for Bankruptcy</i> (Official Form	107)?				
	Yes								
Did ■ N		neone who is not a	n attorney to help you fill out bank	ruptcy forms?					
		Attach the <i>Bankrupto</i>	cy Petition Preparer's Notice, Declara	ation, and Signature (Official Form 119).					
				,					

		Document	Page 15 of 51		
Fill in this info	rmation to identify your case a	and this filing:			
Debtor 1	Amber Rochelle Beasl				
Dobtor 2	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States E	Sankruptcy Court for the: NOR	THERN DISTRICT OF GE	ORGIA - ATLANTA DIVISIO	<u>N</u>	
Case number					☐ Check if this is an
					amended filing
Official F	orm 106A/B				
Schedu	le A/B: Propert	V			12/15
information. If mo Answer every quo	Be as complete and accurate as pore space is needed, attach a sepa estion. e Each Residence, Building, Land,	rate sheet to this form. On t	he top of any additional pages		
1. Do you own o	r have any legal or equitable intere	est in any residence, building	g, land, or similar property?		
No. Go to P	art 2.				
☐ Yes. Where	e is the property?				
Part 2: Describ	e Your Vehicles				
3. Cars, vans, t □ No ■ Yes	trucks, tractors, sport utility ve	ehicles, motorcycles			
3.1 Make:	Chevrolet	Who has an interest in t	he property? Check one	Do not deduct secured c	
Model:	Cruz	■ Debtor 1 only			ed claims on Schedule D: ims Secured by Property.
Year:	2016	Debtor 2 only		Current value of the	Current value of the
Approxim Other info	ate mileage: 71000	Debtor 1 and Debtor 2		entire property?	portion you own?
Other inic	imation.	At least one of the deb	itors and another		
		Check if this is comm	nunity property	\$10,825.00	\$10,825.00
	aircraft, motor homes, ATVs at	nd other recreational veh			
,	oats, trailers, motors, personal wa	aterorant, hishing vessels, s	nowmobiles, motorcycle acc	ESSUIRS	
■ No					
☐ Yes					
	lar value of the portion you ow have attached for Part 2. Write				\$10,825.00
Part 3: Describ	e Your Personal and Household It	tems			
	r have any legal or equitable in		wing items?		Current value of the portion you own? Do not deduct secured

Official Form 106A/B Schedule A/B: Property page 1

claims or exemptions.

Debtor 1	Amber Rochelle Beasley Case number (if know	vn)
	ehold goods and furnishings ples: Major appliances, furniture, linens, china, kitchenware	
□ No		
■ Yes	s. Describe	
	2 DD	\$100.00
	2 BR	φ100.00
□ No	oples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; musi including cell phones, cameras, media players, games	c collections; electronic devices
■ Yes	s. Describe	
	1 TV, 1 Laptop, 2 Cellphones	\$150.00
<i>Exam</i> _l ■ No	ctibles of value pples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, or other collections, memorabilia, collectibles s. Describe	oin, or baseball card collections;
9. Equip r Exam _l ■ No	ment for sports and hobbies sples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; cano musical instruments	es and kayaks; carpentry tools;
■ No	mples: Pistols, rifles, shotguns, ammunition, and related equipment	
☐ No	mples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
- res	s. Describe	
	Clothing	\$200.00
□ No	mples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gem s. Describe	
	Costume Jewelry	\$25.00
<i>Exan</i> □ No	farm animals mples: Dogs, cats, birds, horses s. Describe	
	1 Dog	\$25.00
14. Any o ■ No	other personal and household items you did not already list, including any health aids you did not list	

 \square Yes. Give specific information.....

Debtor 1	Amber Rochelle Beasley	Document	Page 17 of 51 Case number (if known)	

15.		•	art 3, including any entries for pages you have attached	\$500.00
	Section Version and			
	t 4: Describe Your Financial you own or have any lega		any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
ı	Cash Examples: Money you hav No Yes		me, in a safe deposit box, and on hand when you file your petiti	on
_		•	unts; certificates of deposit; shares in credit unions, brokerage with the same institution, list each.	houses, and other similar
	Yes		Institution name:	
		17.1. Checking	Chime Pre Paid	\$22.00
	Bonds, mutual funds, or p Examples: Bond funds, inv		kerage firms, money market accounts	
_	■ No □ Yes	Institution or issuer r	name:	
19.	Non-publicly traded stock joint venture	and interests in incorpo	prated and unincorporated businesses, including an interes	st in an LLC, partnership, and
_	No			
I	☐ Yes. Give specific inform	nation about them Name of entity:	 % of ownership:	
_	Negotiable instruments inc Non-negotiable instrument	lude personal checks, cas	tiable and non-negotiable instruments hiers' checks, promissory notes, and money orders. nsfer to someone by signing or delivering them.	
_	No			
ı	☐ Yes. Give specific information	ation about them Issuer name:		
_	Retirement or pension ac Examples: Interests in IRA ☐ No		03(b), thrift savings accounts, or other pension or profit-sharing	plans
ı	Yes. List each account se	eparately. Type of account:	Institution name:	
		401(k)	Nationwide	\$500.00
_	Examples: Agreements wit	eposits you have made so	that you may continue service or use from a company public utilities (electric, gas, water), telecommunications compar	nies, or others
	■ No □ Yes		Institution name or individual:	
		periodic payment of mone	y to you, either for life or for a number of years)	
_	■ No □ Yes Issue	r name and description.		
24.	Interests in an education I	RA, in an account in a qu	ualified ABLE program, or under a qualified state tuition pro	ogram.
_	26 U.S.C. §§ 530(b)(1), 529 ■ No	A(b), and 529(b)(1).		

Official Form 106A/B Schedule A/B: Property page 3

Debtor		-67470-sms Rochelle Beasley		Filed 11/01 Document		Entered 11/01/19 14:49 age 18 of 51 Case number (if know		Desc Main
_	es			ion. Separately file	the re	cords of any interests.11 U.S.C. § 521	´ —	
25. Tru :	sts, equitable		in property			ted in line 1), and rights or powers	, ,	able for your benefit
Exa ■ N	a <i>mples:</i> Interne o	nts, trademarks, tra et domain names, we	bsites, proc					
Exa ■ N	a <i>mples:</i> Buildir o	ises, and other gen- ng permits, exclusive	licenses, co		on hol	dings, liquor licenses, professional lice	enses	
Money	or property o	wed to you?						Current value of the portion you own? Do not deduct secured claims or exemptions.
■ N	_		them, includ	ling whether you all	eady f	iled the returns and the tax years		
Exa ■ N	0	ue or lump sum alim	ony, spousa	l support, child sup	oort, m	naintenance, divorce settlement, prope	erty settl	lement
Exa ■ N	a <i>mples:</i> Unpaid benefi o	omeone owes you d wages, disability in ts; unpaid loans you ific information			nefits,	sick pay, vacation pay, workers' com	npensati	on, Social Security
	•		urance; hea	lth savings account	(HSA)); credit, homeowner's, or renter's insu	urance	
■ Y	es. Name the i	nsurance company o Company	•	y and list its value.		Beneficiary:		Surrender or refund value:
		Term Li	fe Policy t	hrough Marta		Ciara Beasley	_	\$0.00
If y sor ■ N □ Y	ou are the ben neone has died o es. Give speci	d. ific information	st, expect p	roceeds from a life	nsura	nce policy, or are currently entitled to	receive	property because
Exa ■ N	a <i>mples:</i> Accide o	ents, employment dis						
34. Oth ■ N	er contingent	and unliquidated c	laims of ev	ery nature, includi	ng co	unterclaims of the debtor and rights	s to set	off claims

Official Form 106A/B Schedule A/B: Property page 4

Debto	or 1 Amber Rochelle Beasley	Document	Page 19 of	Case number (if known)	
35. A ı	ny financial assets you did not already list				
	No				
	Yes. Give specific information				
	Add the dollar value of all of your entries from for Part 4. Write that number here				\$522.00
Part 5	: Describe Any Business-Related Property You Ov	vn or Have an Interes	t In. List any real esta	ate in Part 1.	
37. Do	you own or have any legal or equitable interest in a	any business-related	property?		
I	No. Go to Part 6.				
	es. Go to line 38.				
Part 6	: Describe Any Farm- and Commercial Fishing-Rel If you own or have an interest in farmland, list it in Pa		wn or Have an Intere	st In.	
46. D e	o you own or have any legal or equitable inte	rest in any farm- or	commercial fishir	ng-related property?	
	No. Go to Part 7.				
	Yes. Go to line 47.				
Part 7	Describe All Property You Own or Have an I	nterest in That You D	id Not List Above		
	o you have other property of any kind you did examples: Season tickets, country club members				
	•	ПР			
_	Yes. Give specific information				
54.	Add the dollar value of all of your entries from	n Part 7. Write that	number here		\$0.00
Part 8	List the Totals of Each Part of this Form				
55. I	Part 1: Total real estate, line 2				\$0.00
56. I	Part 2: Total vehicles, line 5		\$10,825.00		
57. I	Part 3: Total personal and household items, li	ine 15	\$500.00		
58. I	Part 4: Total financial assets, line 36		\$522.00		
59. I	Part 5: Total business-related property, line 4	5	\$0.00		
60. I	Part 6: Total farm- and fishing-related propert	y, line 52	\$0.00		
61. I	Part 7: Total other property not listed, line 54	+_	\$0.00		
62.	Total personal property. Add lines 56 through 6	81	\$11.847.00	Copy personal property total	\$11 847 00

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$11,847.00

Fill in this infor	mation to identify your				
Debtor 1	Amber Rochelle I	Beasley			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF GEORGIA - ATLANTA	A DIVISION	
Case number _					☐ Check if this is an
					amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption	
	Copy the value from Schedule A/B				
2016 Chevrolet Cruz 71000 miles Line from Schedule A/B: 3.1	\$10,825.00		\$5,000.00	O.C.G.A. § 44-13-100(a)(3)	
Line from Schedule A/D. 3.1			100% of fair market value, up to any applicable statutory limit		
2 BR Line from Schedule A/B: 6.1	\$100.00		\$100.00	O.C.G.A. § 44-13-100(a)(4)	
Ellie Holli Goricadic Av.D. 4.1			100% of fair market value, up to any applicable statutory limit		
1 TV, 1 Laptop, 2 Cellphones	\$150.00		\$150.00	O.C.G.A. § 44-13-100(a)(4)	
Ellie Holli Goricadic AVD.			100% of fair market value, up to any applicable statutory limit		
Clothing Line from Schedule A/B: 11.1	\$200.00		\$200.00	O.C.G.A. § 44-13-100(a)(4)	
Line from Schedule A/D. 11.1			100% of fair market value, up to any applicable statutory limit		
Costume Jewelry Line from Schedule A/B: 12.1	\$25.00		\$25.00	O.C.G.A. § 44-13-100(a)(5)	
LINE HOLL SCHEUUIC A/D. 12.1			100% of fair market value, up to any applicable statutory limit		

Case 19-67470-sms Doc 1 Filed 11/01/19 Entered 11/01/19 14:49:37 Desc Main Document Page 21 of 51 Case number (if known)

	Timber Heeriche Beachey			(
Brief description of the property and line Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	1 Dog Line from Schedule A/B: 13.1	\$25.00		\$25.00	O.C.G.A. § 44-13-100(a)(4)
LIIIC	Line Holli Schedule A/B. 19.1			100% of fair market value, up to any applicable statutory limit	
	Checking: Chime Pre Paid Line from Schedule A/B: 17.1	\$22.00		\$22.00	O.C.G.A. § 44-13-100(a)(6)
	Line Holli Schedule A/B. 11.1			100% of fair market value, up to any applicable statutory limit	
	401(k): Nationwide Line from Schedule A/B: 21.1	\$500.00		\$500.00	O.C.G.A. § 44-13-100(a)(2)(E)
	Line Irom Scriedule A/B. 21.1			100% of fair market value, up to any applicable statutory limit	
	Term Life Policy through Marta Beneficiary: Ciara Beasley	\$0.00		\$0.00	O.C.G.A. § 44-13-100(a)(8)
	Line from Schedule A/B: 31.1			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every No ☐ Yes. Did you acquire the property cove ☐ No	3 years after that for ca	ases fi	,	,
	П Voo				

	O 430 1	.5 01 41 0 5ITIC	Document Page 22	2 of 51		Wall
Fill	in this informat	tion to identify you	r case:			
Deb	tor 1	Amber Rochelle				
	_	First Name	Middle Name Last Name			
	tor 2 use if, filing)	First Name	Middle Name Last Name			
Unit	ed States Bankı	ruptcy Court for the:	NORTHERN DISTRICT OF GEORGIA - ATI	LANTA DIVISION		
Cas	e number					
(if kno	own)				☐ Check	if this is an
					ameno	led filing
Ott:	isial Farms	10CD				
	icial Form					
Sc	hedule D	: Creditors	Who Have Claims Secure	d by Property	•	12/15
is ne			f two married people are filing together, both are ecout, number the entries, and attach it to this form. O			
	,	ve claims secured by	your property?			
	_ `	_	• • •	You have nothing also to	ronart on this form	
	_		nis form to the court with your other schedules. Y	ou have nothing else to	report on this form.	
	Yes. Fill in al	l of the information l	pelow.			
Part	List All S	Secured Claims				
			nore than one secured claim, list the creditor separately		Column B	Column C
			a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1	1803 Capita	l	Describe the property that secures the claim:	\$12,023.00	\$10,825.00	\$1,198.00
	Creditor's Name		2016 Chevrolet Cruz 71000 miles			
	2600 Belle C Ste 206	Chasse Hwy,	As of the date you file, the claim is: Check all that			
	Gretna, LA	70056	apply. Contingent			
		ty, State & Zip Code	☐ Unliquidated			
		у, стано ст —р стано	☐ Disputed			
Who	o owes the debt	? Check one.	Nature of lien. Check all that apply.			
	Debtor 1 only		■ An agreement you made (such as mortgage or se	cured		
	Debtor 2 only		car loan)			
	Debtor 1 and Debto	or 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
	at least one of the	debtors and another	☐ Judgment lien from a lawsuit			
	Check if this clain community debt	n relates to a	Other (including a right to offset)			

1955

Last 4 digits of account number

Opened 7/13/19 Last Active

Date debt was incurred 10/03/19

Case 19-67470-sms Doc 1 Filed 11/01/19 Entered 11/01/19 14:49:37 Desc Main Document Page 23 of 51

Deb	tor 1 Amber Rochelle Beasle	,	Case number (if known)						
	Filst Name Ivildule N	ame Last Name							
2.2	First Financial Investment Fund V, LLC	Describe the property that secures the claim:	\$1,179.00	\$0.00	\$1,179.00				
	Creditor's Name Reg. Agent: Robert Chalavoutis	All Debtor's real and personal property							
	3091 Governors Lake Drive Suite 500	As of the date you file, the claim is: Check all that apply. Contingent	apply.						
	Norcross, GA 30071								
Who	Number, Street, City, State & Zip Code owes the debt? Check one.	☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply.							
_	ebtor 1 only ebtor 2 only	☐ An agreement you made (such as mortgage or so car loan)	ecured						
	ebtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)							
ΠА	t least one of the debtors and another	■ Judgment lien from a lawsuit							
	theck if this claim relates to a community debt	Other (including a right to offset)							
Date	debt was incurred	Last 4 digits of account number							
Δd	d the dollar value of your entries in O	column A on this page. Write that number here:	\$13,202.00						
lf t	•	the dollar value totals from all pages.	\$13,202.00						

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

			Document	Page 24 of	51		
Fill in t	this informa	ation to identify your c	case:				
Debtor	· 1	Amber Rochelle B	Beaslev				
		First Name	Middle Name	Last Name			
Debtor (Spouse		First Name	Middle Name	Last Name			
(Spouse	ii, iiiiig)	riist Name					
United	States Bank	kruptcy Court for the:	NORTHERN DISTRICT OF G	BEORGIA - ATLANTA	ADIVISION		
Case r	number						
(if known	n)					☐ Check	if this is an
						amend	ed filing
∩ffici	ial Form	106E/E					
			ho Have Unsecured	l Claims			12/15
			e Part 1 for creditors with PRIORI		or creditors with NON	PRIORITY claims I i	
Schedul Schedul eft. Atta	le G: Executo le D: Creditor ach the Contil	ory Contracts and Unexpi rs Who Have Claims Secu	that could result in a claim. Also ired Leases (Official Form 106G). ured by Property. If more space is e. If you have no information to re	Do not include any cre needed, copy the Par	editors with partially s t you need, fill it out, i	ecured claims that a number the entries in	re listed in n the boxes on the
Part 1:	List All	of Your PRIORITY Un:	secured Claims				
1. Do	any creditors	s have priority unsecured	d claims against you?				
	No. Go to Par	rt 2.					
	Yes.						
2. Lis			s. If a creditor has more than one pri	iority unsecured claim, li		ly for each claim. For	each claim listed
ide pos	ssible, list the o	claims in alphabetical orde	s both priority and nonpriority amount according to the creditor's name. I rticular claim, list the other creditors	If you have more than tw		nd nonpriority amount	ts. As much as
ide pos Par	ssible, list the or rt 1. If more tha	claims in alphabetical orde an one creditor holds a par	s both priority and nonpriority amou er according to the creditor's name. I	If you have more than to in Part 3.	o priority unsecured cla	nd nonpriority amount aims, fill out the Contir	ts. As much as nuation Page of
ide pos Par	ssible, list the or rt 1. If more tha	claims in alphabetical orde an one creditor holds a par	s both priority and nonpriority amou er according to the creditor's name. I rticular claim, list the other creditors	If you have more than to in Part 3.		nd nonpriority amount	ts. As much as
ide pos Par (Fo	esible, list the control of the cont	claims in alphabetical orde an one creditor holds a par ion of each type of claim, so Department of Reve	is both priority and nonpriority amoust according to the creditor's name. I rticular claim, list the other creditors see the instructions for this form in the	If you have more than to in Part 3. ne instruction booklet.)	o priority unsecured cla	nd nonpriority amount aims, fill out the Contir Priority	ts. As much as nuation Page of Nonpriority
ide pos Par (Fo	ssible, list the crt 1. If more that or an explanation of the control of the cont	claims in alphabetical orde an one creditor holds a partion of each type of claim, so Department of Reve ditor's Name	is both priority and nonpriority amoust according to the creditor's name. I rticular claim, list the other creditors see the instructions for this form in the Last 4 digits of according to the control of the control	If you have more than to in Part 3. ne instruction booklet.) unt number	o priority unsecured cla	nd nonpriority amount aims, fill out the Contin Priority amount	s. As much as nuation Page of Nonpriority amount
ide pos Par (Fo	Georgia I Priority Cred Compliar	claims in alphabetical orde an one creditor holds a par- tion of each type of claim, so Department of Reve ditor's Name nce Division	is both priority and nonpriority amoust according to the creditor's name. I rticular claim, list the other creditors see the instructions for this form in the	If you have more than to in Part 3. ne instruction booklet.) unt number	o priority unsecured cla	nd nonpriority amount aims, fill out the Contin Priority amount	s. As much as nuation Page of Nonpriority amount
ide pos Par (Fo	Georgia I Priority Cred Compliar ARCS Ba 1800 Cen	claims in alphabetical orde an one creditor holds a par- tion of each type of claim, so Department of Reve ditor's Name nce Division ankruptcy ntury BLVD NE Suite	s both priority and nonpriority amoust according to the creditor's name. I rticular claim, list the other creditors see the instructions for this form in the Last 4 digits of according to the was the debt in the last 4 digits.	If you have more than to in Part 3. ne instruction booklet.) unt number	o priority unsecured cla	nd nonpriority amount aims, fill out the Contin Priority amount	s. As much as nuation Page of Nonpriority amount
ide pos Par (Fo	Georgia I Priority Cred Compliar ARCS Ba 1800 Cen Atlanta, C	claims in alphabetical orde an one creditor holds a par- tion of each type of claim, so Department of Reve ditor's Name nce Division ankruptcy ntury BLVD NE Suite GA 30345-3202	ss both priority and nonpriority amoust according to the creditor's name. I rticular claim, list the other creditors see the instructions for this form in the last 4 digits of according to the was the debt in the last 4 digits of according to the last 4 digits according to the last	If you have more than to in Part 3. ne instruction booklet.) unt number ncurred?	Total claim	nd nonpriority amount aims, fill out the Contin Priority amount	s. As much as nuation Page of Nonpriority amount
ide pos Par (Fo	Georgia I Priority Cred Compliar ARCS Ba 1800 Cen Atlanta, C	claims in alphabetical orde an one creditor holds a par- tion of each type of claim, so Department of Reve ditor's Name nce Division ankruptcy ntury BLVD NE Suite	ss both priority and nonpriority amou er according to the creditor's name. I rticular claim, list the other creditors see the instructions for this form in the enue Last 4 digits of accor When was the debt in e 9100 As of the date you file	If you have more than to in Part 3. ne instruction booklet.) unt number	Total claim	nd nonpriority amount aims, fill out the Contin Priority amount	s. As much as nuation Page of Nonpriority amount
idel pos Par (Fo	Georgia I Priority Cred Compliar ARCS Ba 1800 Cen Atlanta, C Number Stre	claims in alphabetical orde an one creditor holds a partion of each type of claim, so the partment of Reveloitor's Name noce Division ankruptcy htury BLVD NE Suite GA 30345-3202 eet City State Zip Code the debt? Check one.	ss both priority and nonpriority amou er according to the creditor's name. I er ticular claim, list the other creditors see the instructions for this form in the enue Last 4 digits of accord When was the debt in e 9100 As of the date you file Contingent	If you have more than to in Part 3. ne instruction booklet.) unt number ncurred?	Total claim	nd nonpriority amount aims, fill out the Contin Priority amount	s. As much as nuation Page of Nonpriority amount
ide pos Par (Fo	Georgia I Priority Cred Compliar ARCS Ba 1800 Cen Atlanta, C Number Stre Indicate the control of	claims in alphabetical orde an one creditor holds a partion of each type of claim, so the control of the contro	ss both priority and nonpriority amouser according to the creditor's name. I riticular claim, list the other creditors see the instructions for this form in the enue Last 4 digits of according the was the debt in the enue As of the date you file Contingent Unliquidated	If you have more than to in Part 3. ne instruction booklet.) unt number ncurred?	Total claim	nd nonpriority amount aims, fill out the Contin Priority amount	s. As much as nuation Page of Nonpriority amount
ider pos Par (Fo	Georgia I Priority Cred Compliar ARCS Ba 1800 Cen Atlanta, C Number Stree //ho incurred t Debtor 1 onl	claims in alphabetical orde an one creditor holds a particular of each type of claim, so the control of the con	ss both priority and nonpriority amou er according to the creditor's name. I er ticular claim, list the other creditors see the instructions for this form in the enue Last 4 digits of accor When was the debt in e 9100 As of the date you fill Contingent Unliquidated Disputed	If you have more than to in Part 3. The instruction booklet.)	Total claim	nd nonpriority amount aims, fill out the Contin Priority amount	s. As much as nuation Page of Nonpriority amount
ider posses par (Fo	Georgia I Priority Cred Compliar ARCS Ba 1800 Cen Atlanta, C Number Stre //ho incurred t Debtor 1 onl Debtor 2 onl	claims in alphabetical orde an one creditor holds a particle of each type of claim, so the control of the contr	ss both priority and nonpriority amou er according to the creditor's name. I enue Last 4 digits of accord When was the debt in e 9100 As of the date you fil Contingent Unliquidated Disputed Type of PRIORITY ur	If you have more than to in Part 3. The instruction booklet.) The instruction booklet.	Total claim	nd nonpriority amount aims, fill out the Contin Priority amount	s. As much as nuation Page of Nonpriority amount
ider pos Par (Fo	Georgia I Priority Cred Compliar ARCS Ba 1800 Cen Atlanta, C Number Stre //no incurred t Debtor 1 onl Debtor 2 onl Debtor 1 and At least one	claims in alphabetical orde an one creditor holds a particular of each type of claim, so the control of the con	so both priority and nonpriority amount according to the creditor's name. In tricular claim, list the other creditors are the instructions for this form in the center of the center of the instructions for this form in the center of the instructions for this form in the center of the instructions for this form in the center of the cent	If you have more than to in Part 3. The instruction booklet.)	Total claim \$0.00	nd nonpriority amount aims, fill out the Contin Priority amount	s. As much as nuation Page of Nonpriority amount
ider pos Par (Fo	Georgia I Priority Cred Compliar ARCS Ba 1800 Cen Atlanta, C Number Stree //ho incurred t Debtor 1 onl Debtor 2 onl Debtor 1 and At least one Check if this	claims in alphabetical orde an one creditor holds a particular of each type of claim, so the particular of each type of claim, so the particular of each type of claim, so the particular of each type of the each claim of the debtors and another is claim is for a communication of contract of the each claim is for a communication of claim, so the claim is for a communication of claim, so the claim is claim is for a communication of claim, so the claim is claim is claim is claim is for a communication of claim is claim is claim is for a communication of claim is claim is claim is for a communication of claim is claim is claim is for a communication of claim is c	s both priority and nonpriority amou er according to the creditor's name. I er according to the other creditors Last 4 digits of according to the date you file As of the date you file Contingent Unliquidated Disputed Type of PRIORITY ur Domestic support of nity debt Taxes and certain	If you have more than to in Part 3. The instruction booklet.) The instruction booklet.)	Total claim \$0.00 all that apply	nd nonpriority amount aims, fill out the Contin Priority amount	s. As much as nuation Page of Nonpriority amount
ider posses par (Fo	Georgia I Priority Cred Compliar ARCS Ba 1800 Cen Atlanta, C Number Stree //ho incurred t Debtor 1 onl Debtor 2 onl Debtor 1 and At least one Check if this	claims in alphabetical orde an one creditor holds a particular of each type of claim, so the control of the con	s both priority and nonpriority amou er according to the creditor's name. I er according to the other creditors Last 4 digits of according to the date you file As of the date you file Contingent Unliquidated Disputed Type of PRIORITY ur Domestic support of nity debt Taxes and certain	If you have more than to in Part 3. The instruction booklet.)	Total claim \$0.00 all that apply	nd nonpriority amount aims, fill out the Contin Priority amount	s. As much as nuation Page of Nonpriority amount

Page 25 of 51 Case number (if known) Debtor 1 Amber Rochelle Beasley 2.2 \$600.00 IRS Last 4 digits of account number \$600.00 \$0.00 Priority Creditor's Name 401 W. Peachtree St., NW When was the debt incurred? Stop #334-D **Room 400** Atlanta, GA 30308 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Domestic support obligations ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were intoxicated Is the claim subject to offset? ■ No ☐ Other. Specify ☐ Yes Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? \square No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.lf you have more than three nonpriority unsecured claims fill out the Continuation Page of **Total claim** 4.1 Amigo Auto Sales, Inc. Last 4 digits of account number \$1,000.00 Nonpriority Creditor's Name 4342 Buford Hwy. When was the debt incurred? Atlanta, GA 30341 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Automobile Deficiency

■ No ☐ Yes Doc 1 Filed 11/01/19

Case 19-67470-sms Entered 11/01/19 14:49:37 Desc Main Document of 51 Debtor 1 Amber Rochelle Beasley ase number (if known) \$1,000.00 4.2 **Dekalb Medical** Last 4 digits of account number Nonpriority Creditor's Name 2701 North Decatur Rd When was the debt incurred? Decatur, GA 30033 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.3 Department of Education/Nelnet Last 4 digits of account number 6474 \$8,917.00 Nonpriority Creditor's Name Attn: Claims Opened 04/12 Last Active Po Box 82505 When was the debt incurred? 09/19 Lincoln, NE 68501 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Educational 4.4 Department of Education/Nelnet Last 4 digits of account number 6374 \$4,023.00 Nonpriority Creditor's Name Attn: Claims Opened 04/12 Last Active Po Box 82505 When was the debt incurred? 09/19 Lincoln, NE 68501

Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one.

☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only

☐ Disputed ☐ Debtor 1 and Debtor 2 only

lacksquare At least one of the debtors and another ☐ Check if this claim is for a community

Is the claim subject to offset? ■ No

Other. Specify

Туре	of I	NONPRI	DRITY	unsecured	claim:
------	------	--------	-------	-----------	--------

Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Educational

☐ Yes

Doc 1 Filed 11/01/19 Entered 11/01/19 14:49:37 Desc Main Case 19-67470-sms Document

Page 27 of 51 Case number (if known) Debtor 1 Amber Rochelle Beasley

4.5	Department of Education/Nelnet	Last 4 digits of account number	4374	\$10,463.00
	Nonpriority Creditor's Name Attn: Claims		Opened 06/09 Last Active	
	Po Box 82505 Lincoln, NE 68501	When was the debt incurred?	09/19	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d claim:	
	☐ At least one of the debtors and another ☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharir	g plans, and other similar debts	
	Yes	Other. Specify		
		Educationa	<u>. I</u>	
4.6	Department of Education/Nelnet	Last 4 digits of account number	4274	\$5,101.00
	Nonpriority Creditor's Name Attn: Claims Po Box 82505	When was the debt incurred?	Opened 06/09 Last Active 09/19	
	Lincoln, NE 68501 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separe report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify		
		Educationa	ll	
4.7	Drive Time Automotive Group, Inc Nonpriority Creditor's Name	Last 4 digits of account number		\$1,300.00
	4020 E. Indian School Rd Phoenix, AZ 85018	When was the debt incurred?		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	Student loans	uration paragraph or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharir	g plans, and other similar debts	
	☐ Yes	Other. Specify		

Document of 51 Debtor 1 Amber Rochelle Beasley Case number (if known) \$400.00 4.8 **Fast Cash Advance** Last 4 digits of account number Nonpriority Creditor's Name 5231 Memorial Dr When was the debt incurred? Stone Mountain, GA 30083 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.9 First PREMIER Bank Last 4 digits of account number 2242 \$440.00 Nonpriority Creditor's Name Attn: Bankruptcy Opened 07/15 Last Active 7/12/18 Po Box 5524 When was the debt incurred? Sioux Falls, SD 57117 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.1 **Mountain Crest LP** \$0.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Reg. Agent Corporation Service When was the debt incurred? Company 40 Technology Parkway South, Ste Norcross, GA 30092 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

Official Form 106 E/F

■ No

☐ Yes

Other. Specify

☐ Debts to pension or profit-sharing plans, and other similar debts

Page 29 of 51 Case number (if known) Document Debtor 1 Amber Rochelle Beasley

Attn: Bankruptcy Po Box 312125 Atlanta, GA 31131 Number Street City State Zip Code Who incurred the debt? Check one.		Last 4 digits of account number	2314			\$1,039.00	
		When was the debt incurred?	Opene 10/15/		Last Active		
		As of the date you file, the claim	i s: Check a	all that app	ly		
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agre	ement or o	divorce that you did not		
	■ No	Debts to pension or profit-sharin	a plans, ar	nd other sir	milar debts		
	☐ Yes	Other Specify Collection	•				
4.1 2	Veritas Instrument Rental	Last 4 digits of account number	1492			\$186.00	
	Nonpriority Creditor's Name Attn: Bankruptcy Dept. 12475 44th St. N	When was the debt incurred?	Opene 01/19	ed 09/18	Last Active		
	Clearwater, FL 33762 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	i s: Check a	all that app	ly		
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	Debts to pension or profit-sharing	g plans, ar	nd other sir	milar debts		
	Yes	Other. Specify Rental Agree	eement				
	3: List Others to Be Notified About a Debethis page only if you have others to be notified about to collect from you for a debt you owe to some	out your bankruptcy, for a debt that y					
hav	e more than one creditor for any of the debts that ified for any debts in Parts 1 or 2, do not fill out or	you listed in Parts 1 or 2, list the addi					
Part	4: Add the Amounts for Each Type of Uns	secured Claim					
	al the amounts of certain types of unsecured clain e of unsecured claim.	ns. This information is for statistical re	eporting p	urposes o	only. 28 U.S.C. §159. Add	d the amounts for each	
					Total Claim		

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 600.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 600.00
				Total Claim
Total	6f.	Student loans	6f.	\$ 28,504.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that	6g.	\$ 0.00

Official Form 106 E/F

Doc 1 Filed 11/01/19 Entered 11/01/19 14:49:37 Desc Main Case 19-67470-sms Page 30 of 51 Case number (if known) Document

Debtor 1 Amber Rochelle Beasley

6h. 6i.	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Add all other nonpriority unsecured claims. Write that amount	6h. 6i.	\$ 0.00
	here.		\$ 5,365.00
6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 33,869.00

Official Form 106 E/F

Fill in this infor	Fill in this information to identify your case:							
Debtor 1	Amber Rochelle I	Beasley						
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF GEORGIA - ATLANTA	DIVISION				
Case number								
(if known)								

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	r company with Name, Number	h whom you have the er, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.3	•				
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.4	•				
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_

		Docume	ent Page 32 o	ot 51	
Fill in thi	is information to identify your	case:			
Debtor 1	Amber Rochelle	Pagalov			
Debior 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, f	filing) First Name	Middle Name	Last Name		
United St	tates Bankruptcy Court for the:	NORTHERN DISTRICT	OF GEORGIA - ATLAI	NTA DIVISION	
Caaa a	mhar				
Case nur (if known)					☐ Check if this is an
					amended filing
Officia	al Form 106H				
Sche	dule H: Your Cod	lebtors			12/15
	<u> </u>				
ill it out,		boxes on the left. Attach	the Additional Page		needed, copy the Additional Page, p of any Additional Pages, write
1. Do	o you have any codebtors? (If	you are filing a joint case,	do not list either spouse	e as a codebtor.	
■ No	0				
□Y€	es				
	ithin the last 8 years, have yo ona, California, Idaho, Louisiana				
71120	oria, Camorria, Idario, Ecaloiario	i, riovada, riow wickies, r a	cito raco, rexas, vvasi	inigion, and wisconsin.	,
■ No	o. Go to line 3.				
□ Ye	es. Did your spouse, former spo	ouse, or legal equivalent live	with you at the time?		
					g with you. List the person shown he creditor on Schedule D (Official
Forn					Schedule E/F, or Schedule G to fill
out	Column 2.				
	Column 1: Your codebtor	ZID Code			editor to whom you owe the debt
	Name, Number, Street, City, State and Z	ZIP Code		Check all schedul	es that apply:
3.1				☐ Schedule D, lir	ne
0.1	Name			□ Schedule E/F,	
				☐ Schedule G, lir	
	Nearthan				
	Number Street City	State	ZIP Code		
	,				
				Пол. 11.5.	
3.2	Name			Schedule D, lir	
				☐ Schedule E/F,	
				☐ Schedule G, lir	ie
	Number Street	0	715.0	<u> </u>	
	City	State	ZIP Code		

Eill	in this information to identify you	r. 0200:								
	,,	chelle Beasley								
	otor 2	•			_					
Uni	ted States Bankruptcy Court for t	he: NORTHERN DISTRIC	CT OF GEORGIA - AT	ΓLANTA	_					
	se number 		-			□ An		d filing ent showin	g postpetitior	
O ¹	fficial Form 106I					MN	M / DD/ Y	YYY		
S	chedule I: Your In	come								12/15
sup _i spo atta	as complete and accurate as popularly correct information. If you use. If you are separated and you have separated sheet to this form	ou are married and not fili our spouse is not filing w n. On the top of any additi	ng jointly, and your s ith you, do not inclu	spouse is de inform	s livii natio	ng with y n about y	ou, incli your spo	ude inforn ouse. If mo	nation about ore space is	your needed,
1.	Fill in your employment information.		Debtor 1				Debtor 2	or non-fi	ling spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed				☐ Employed			
		Employment status	☐ Not employed				☐ Not employed			
	employers.	Occupation	Bus Operator							
	Include part-time, seasonal, or self-employed work.	Employer's name	Metropolitan At Transit Autho	lanta Ra	pid					
	Occupation may include studer or homemaker, if it applies.	nt Employer's address	2424 Piedmont Atlanta, GA 303							
		How long employed t	here? 7 Montl	hs			_			
Par	t 2: Give Details About M	Ionthly Income								
	mate monthly income as of the use unless you are separated.	e date you file this form. If	you have nothing to re	eport for a	any li	ne, write S	\$0 in the	space. Inc	clude your no	n-filing
	u or your non-filing spouse have e space, attach a separate sheet		ombine the information	n for all er	mplo	yers for th	hat perso	n on the li	nes below. If	you need
						For Debt	tor 1		btor 2 or ng spouse	
2.	List monthly gross wages, sa deductions). If not paid monthly			2.	\$_	2,7	732.00	\$	N/A	
3.	Estimate and list monthly over	ertime pay.		3.	+\$_	3	370.00	+\$	N/A	
4.	Calculate gross Income. Add	Lline 2 + line 3.		4.	\$	3.102	2.00	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Amber Rochelle Beasley	-	С	ase n	number (if known)				
					For I	Debtor 1		or Debto		
	Cop	y line 4 here	4.	-	\$	3,102.00	\$	<u> </u>	N/A	-
5.	List	all payroll deductions:								-
	5a.	Tax, Medicare, and Social Security deductions	5a		\$	268.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b		\$	0.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.		\$ —	88.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d		\$	0.00	\$		N/A	_
	5e.	Insurance	5e		\$	6.00	\$		N/A	_
	5f.	Domestic support obligations	5f.		\$	0.00	\$		N/A	_
	5g.	Union dues	5g		\$	26.00	\$		N/A	_
	5h.	Other deductions. Specify: Supplemental Insurance	5h	.+	\$	46.00	+ \$		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	(<u> </u>	434.00	\$		N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		§	2,668.00	\$		N/A	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a		\$	0.00	\$		N/A	
	8b.	Interest and dividends	8b		\$	0.00	\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$	0.00	\$		N/A	
	8d.	Unemployment compensation	8d		\$	0.00	\$		N/A	_
	8e.	Social Security	8e		\$	0.00	\$		N/A	_
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8f. 8g		\$	0.00	\$		N/A N/A	_
	8h.	Other monthly income. Specify:	8h		\$—	0.00			N/A N/A	_
	OII.		_ 011	··	Ψ <u> </u>	0.00	' Ψ		11//	_
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		0.00	\$		N/A	4
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	_	2,668.00 + \$		N/A	= \$	2,668.00
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_		.,000.00 + V		IN/A	- I - I - I	2,000.00
11.	Stat Incli othe Do i	the all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depe					n Schedui	le J. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies							\$Combin	2,668.00
13.	Do :	you expect an increase or decrease within the year after you file this form'	?						monthl	y income
	_	Voc Friedrich								

Official Form 106l Schedule I: Your Income page 2

Fill in this inform	ation to identify yo	our case:			1		
Debtor 1	Amber Roch		slev		Chec	k if this is:	
Debtor 2					_	An amended filing	ving postpetition chapter
(Spouse, if filing)						13 expenses as of	
United States Bank	cruptcy Court for the		ERN DISTRICT OF GEOI FA DIVISION	RGIA -	-	MM / DD / YYYY	
Case number(If known)							
Official Fo	orm 106J				I		
	J: Your						12/
information. If n number (if knov	nore space is ne vn). Answer ever ribe Your House	eded, atta ry question	If two married people ar ch another sheet to this n.				
■ No. Go t □ Yes. Do	o line 2. es Debtor 2 live i	in a separa	ate household?				
		st file Offici	al Form 106J-2, <i>Expenses</i>	s for Separate House	ehold of Deb	or 2.	
2. Do you hav	ve dependents?	□ No					
Do not list Debtor 2.	Debtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
Do not state dependents				Daughter		8	□ No ■ Yes
аоронаонно						· -	□ No
				Son			Yes
							□ No □ Yes
							□ No
							☐ Yes
expenses of	penses include of people other the nd your depende	han 👝	No Yes				
Estimate your e	a date after the l	our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp				
			government assistance i luded it on <i>Schedule I:</i> \			Your exp	onene
						<u> </u>	Elises
the value of suc (Official Form 1 4. The rental	061.)		ses for your residence. I	nclude first mortgage	e 4. \$		450.00
the value of suc (Official Form 1 4. The rental payments a	06l.) or home owners			nclude first mortgage	e 4. \$		
the value of suc (Official Form 1 4. The rental payments a If not include	or home owners and any rent for the			nclude first mortgage	4. \$		450.00
the value of suc (Official Form 1 4. The rental payments a If not inclu- 4a. Real	or home owners	e ground o	r lot.	nclude first mortgage	e 4. \$ 4a. \$ 4b. \$		
4a. Real 4b. Prope	or home owners and any rent for the ded in line 4: estate taxes	e ground o s, or renter epair, and u	r lot. s insurance pkeep expenses	nclude first mortgage	4. \$ 4a. \$		450.00 0.00

ebtor 1 Amber R	ochelle Beasley	Case num	nber (if known)	
Utilities:				
	heat, natural gas	6a.	\$	168.00
•	ver, garbage collection	6b.	\$	50.00
	e, cell phone, Internet, satellite, and cable services	6c.	\$	0.00
6d. Other. Spe	ecify: Cellular Phone	64		100.00
	ernet/Alarm		\$	60.00
	ekeeping supplies	7.	\$	700.00
	hildren's education costs	8.	\$	0.00
	ry, and dry cleaning	9.		130.00
_	roducts and services	10.		180.00
Medical and de		11.	\$	10.00
	Include gas, maintenance, bus or train fare.		· -	
Do not include ca		12.	\$	200.00
Entertainment,	clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
Charitable cont	ributions and religious donations	14.	\$	0.00
Insurance.				
	surance deducted from your pay or included in lines 4 or 20.		•	
15a. Life insura		15a.	· -	0.00
15b. Health ins		15b.		0.00
15c. Vehicle in		15c.		245.00
15d. Other insu		15d.	\$	0.00
	clude taxes deducted from your pay or included in lines 4 or		c	0.00
Specify:		16.	5	0.00
. Installment or le 17a. Car payme		17a.	¢	245.00
			*	345.00
17b. Car payme		17b. 17c.	· ·	0.00
17c. Other Spe				0.00
17d. Other. Spe		17d.	Ф	0.00
	of alimony, maintenance, and support that you did not r your pay on line 5, Schedule I, Your Income (Official For		\$	0.00
	s you make to support others who do not live with you.	11 1001).	\$	0.00
Specify:	, you to cupper content into up not into initing you.	19.	·	0.00
· · · —	erty expenses not included in lines 4 or 5 of this form or			
	on other property	20a.		0.00
20b. Real estat		20b.		0.00
	nomeowner's, or renter's insurance	20c.	·	0.00
	ce, repair, and upkeep expenses	20d.		0.00
	er's association or condominium dues	20e.	·	0.00
Other: Specify:	Pet Expenses		+\$	30.00
Carlott opcony.	1 et Expenses		Ι.Ψ	30.00
•	nonthly expenses			
22a. Add lines 4			\$	2,668.00
22b. Copy line 2	2 (monthly expenses for Debtor 2), if any, from Official Form	106J-2	\$	
22c. Add line 22a	a and 22b. The result is your monthly expenses.		\$	2,668.00
Calaulata	would be not be come			•
•	monthly net income.	00 -	¢	0.000.00
	12 (your combined monthly income) from Schedule I.	23a.		2,668.00
23b. Copy your	monthly expenses from line 22c above.	23b.	-\$	2,668.00
220 Cubinost	our monthly ovnonges from your monthly income			
	our monthly expenses from your monthly income. is your <i>monthly net income</i> .	23c.	\$	0.00
rne result	is your monuny neumoome.	200.	<u>.</u>	
	an increase or decrease in your expenses within the year			
	u expect to finish paying for your car loan within the year or do you e	xpect your mortgage	payment to increase	se or decrease because of a
	terms of your mortgage?			
■ No.				
☐ Yes.	Explain here: Debtor lives with family member			

Case 19-67470-sms Doc 1 Filed 11/01/19 Entered 11/01/19 14:49:37 Desc Main Document Page 37 of 51

		3	
Fill in this inform	nation to identify your case:		
Debtor 1	Amber Rochelle Beasley First Name Middle Na	ame Last Name	
(Spouse if, filing)	First Name Middle Na	ame Last Name	
United States Bar	nkruptcy Court for the: NORTHERN	DISTRICT OF GEORGIA - ATLANTA DIVISION	
Case number(if known)		_	☐ Check if this is an amended filing
Official For		dividuals Filing Under Chapt	er 7 12/15
■ creditors have ■ you have lease You must file this whicher on the fi If two married per sign and Be as complete a write you	ver is earlier, unless the court extenorm opple are filing together in a joint cas d date the form.	has not expired. after you file your bankruptcy petition or by the date s ds the time for cause. You must also send copies to th se, both are equally responsible for supplying correct i ace is needed, attach a separate sheet to this form. On n).	ne creditors and lessors you list
For any creditor information belongs		ule D: Creditors Who Have Claims Secured by Propert	y (Official Form 106D), fill in the
	ditor and the property that is collatera	What do you intend to do with the property that secures a debt?	t Did you claim the property as exempt on Schedule C?
Creditor's 18 name: Description of property securing debt:	303 Capital 2016 Chevrolet Cruz 71000 miles	 ☐ Surrender the property. ☐ Retain the property and redeem it. ■ Retain the property and enter into a Reaffirmation Agreement. ☐ Retain the property and [explain]: 	□ No ■ Yes
	rst Financial Investment Fund V _C	✓, □ Surrender the property.□ Retain the property and redeem it.	□ No
Description of property	All Debtor's real and personal property	☐ Retain the property and enter into a Reaffirmation Agreement.	■ Yes
securing debt:	F P	■ Retain the property and [explain]: avoid lien using 11 U.S.C. § 522(f)	_

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Debtor 1	1 <u>A</u>	mber Rochelle Beasley	Case number (if known)	
Lessor's Descript Property	tion o			□ No □ Yes
	, -			Li Yes
Lessor's Descript				□ No
Property				☐ Yes
Lessor's Descript				□ No
Property				☐ Yes
Lessor's		•		□ No
Property				☐ Yes
Lessor's				□ No
Descript Property		f leased		☐ Yes
Lessor's				□ No
Descript Property		nieased		☐ Yes
Lessor's				□ No
Descript Property		nieased		☐ Yes
Part 3:	Sig	gn Below		
Under po	enalt	y of perjury, I declare that I have indicated my intention abo is subject to an unexpired lease.	ut any property of my estate that sec	cures a debt and any personal
		ber Rochelle Beasley		
An	nber	Rochelle Beasley re of Debtor 1	Signature of Debtor 2	
Sig	jriatul	IE OI DEDIOI I		
Da	te	November 1, 2019	ate	

Case 19-67470-sms Doc 1 Filed 11/01/19 Entered 11/01/19 14:49:37 Desc Main

Fill in this information to identify your case:				
Debtor 1	Amber Rochelle I	Beasley		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF GEORGIA - ATLANTA D	DIVISION
Case number				
(if known)				☐ Check if the
				amended

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Par	Summarize Your Assets		
		Your as	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	11,847.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	11,847.00
Par	2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	13,202.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	600.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	33,869.00
	Your total liabilities	\$	47,671.00
Par	3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,668.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,668.00
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sch	nedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a	a personal	family, or

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Entered 11/01/19 14:49:37 Desc Main Case 19-67470-sms Doc 1 Filed 11/01/19 Document

Debtor 1 Amber Rochelle Beasley

Page 40 of 51 Case number (if known)

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

3,102.00 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total (claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	600.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	28,504.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	29,104.00

Fill in this infor	mation to identify your	case:			
Debtor 1	Amber Rochelle I	Reasley			
Debter 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRIC	T OF GEORGIA - ATLANTA I	DIVISION	
Case number					
(if known)					☐ Check if this is an
					amended filing
· You must file th obtaining mone	is form whenever you fi	le bankruptcy schedule n connection with a bar		laking a false statem	ent, concealing property, or or imprisonment for up to 20
Sig	ın Below				
Did you pa	ay or agree to pay some	one who is NOT an atto	orney to help you fill out ban	nkruptcy forms?	
■ No					
☐ Yes.	Name of person				ptcy Petition Preparer's Notice, nd Signature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the sur	nmary and schedules filed v	with this declaration	and
X /s/ Am	ber Rochelle Beasley	I	X		
	r Rochelle Beasley	,	Signature of De	ebtor 2	
Signatu	ure of Debtor 1				
Date	November 1, 2019		Date		

Fill in this information to identify your case:	Check one box only as directed in this form and in Form
Debtor 1 Amber Rochelle Beasley	122A-1Supp:
Debtor 2	There is an appropriate of shore
(Spouse, if filing)	1. There is no presumption of abuse
United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA - ATLANTA DIVISIO	2. The calculation to determine if a presumption of abuse applies will be made under <i>Chapter 7 Means Test Calculation</i> (Official Form 122A-2).
Case number (if known)	☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.
	☐ Check if this is an amended filing
Official Form 122A - 1	
Chapter 7 Statement of Your Current Mo	onthly Income 10/19
case number (if known). If you believe that you are exempted from a presumpti	ther, both are equally responsible for being accurate. If more space is needed, tional information applies. On the top of any additional pages, write your name and ion of abuse because you do not have primarily consumer debts or because of sumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.
What is your marital and filing status? Check one only.	
■ Not married. Fill out Column A, lines 2-11.	
☐ Married and your spouse is filing with you. Fill out both Colum	nns A and B, lines 2-11.
☐ Married and your spouse is NOT filing with you. You and you	ır spouse are:
☐ Living in the same household and are not legally separated	d. Fill out both Columns A and B, lines 2-11.
	In, lines 2-11; do not fill out Column B. By checking this box, you declare under sted under nonbankruptcy law that applies or that you and your spouse are a Test requirements. 11 U.S.C § 707(b)(7)(B).
	Column A Column B Debtor 1 Debtor 2 or non-filing spouse
Your gross wages, salary, tips, bonuses, overtime, and commis payroll deductions).	sions (before all \$ 3,102.00 \$
Alimony and maintenance payments. Do not include payments from Column B is filled in.	om a spouse if \$ 0.00 \$
4. All amounts from any source which are regularly paid for house of you or your dependents, including child support. Include regular from an unmarried partner, members of your household, your dependent roommates. Include regular contributions from a spouse only if the filled in. Do not include payments you listed on line 3.	ılar contributions dents, parents,
5. Net income from operating a business, profession, or farm	
^ 0.0	Debtor 1
Gross receipts (before all deductions) Ordinary and pecessary operating expenses -\$ 0.0	
Ordinary and necessary operating expenses	00 Copy here -> \$ 0.00 \$
Net monthly income from a business, profession, or farm \$	<u> </u>
• • •	Debtor 1
Gross receipts (before all deductions) \$ 0.0	0
Ordinary and necessary operating expenses -\$ 0.0	<u>0</u>
Net monthly income from rental or other real property \$ 0.0	0 Copy here -> \$ 0.00 \$
7. Interest, dividends, and royalties	\$ 0.00 \$

Official Form 122A-1

Total current mont income 1. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the form 12b. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. GA Fill in the number of people in your household.		Ambe	r Rochelle Beasley						
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you \$ 0.00 For your spouse \$ 0.00 For your your your your your your your yo								Debtor 2	or
the Social Security Act. Instead, list it here: For you \$ 0.00 For your spouse \$ Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of the 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under damp provision of tile 10 other than chapter 61 of that tile. Income from all other sources not listed above. Specify the source and amount. Income from all other sources not listed above. Specify the source and amount. Income from all other sources not listed above. Specify the source and amounts are all the social Security Act, payments received as a victim of a var crine, a crine against humanity, or international by the United States Government in connection with a disability, contral-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. \$\$\frac{9.0.00}{5}\$\$ \$0.00 \$	Une	mployr	nent compensation		\$	3	0.00	\$	
Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combal-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. **Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. **Source** **Determine Whether the Means Test Applies to You **Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 **Copy line 11 here>** **A 12b.** **Sa,102.0* **A 12b.** **Total amounts from separate pages, if any. **Calculate the median family income from line 11 **Copy line 11 here>* **Sa,102.0* **A 12c.* **Total current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 **Copy line 11 here>* **Sa,102.0* **A 12c.* **Sa,102.0* **A 12c.* **Sa,102.0* **A 12c.* **Sa,102.0* **Sa,102.0* **A 12c.* **Sa,102.0* **A 12c.* **Sa,102.0* **A 12c.* **Sa,102.0* **Sa,102.0* **Sa,102	the S	Social S	ecurity Act. Instead, list it here:		under				
Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. Income from all other sources not listed above. Specify the source and amount. Income from all other sources not listed above. Specify the source and amount. Income from all other sources not listed above. Specify the source and amount. Income from all other sources not listed above. Specify the source and amount. Income from all other sources not instead above. Specify the source and amount. Income from all other sources not instead above. Specify the source and amount. Income from all other sources not instead above. Specify the source and amount. Income from all other sources not instead above. Specify the source and amount. Income from all other sources not instead above. Specify the source and amount. Income from all other sources not instead above. Specify the source and amount. Income from all other sources not instead above. Specify the source and amount. Income from all other sources not instead above. Specify the source and amount. Income from all other sources not itsea of the source and amount. Income from all other sources not listed above. Specify or allowance paid by the source and amount. Income from all other sources not listed above. Specify the source and amount. Income from all other sources not listed above. Specify the source and amount. Income from all other sources not listed above. Specify the source and amount. Income	Fo	r you		\$ 0.00)				
Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combal-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. **Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. **Source** **Determine Whether the Means Test Applies to You **Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 **Copy line 11 here>** **A 12b.** **Sa,102.0* **A 12b.** **Total amounts from separate pages, if any. **Calculate the median family income from line 11 **Copy line 11 here>* **Sa,102.0* **A 12c.* **Total current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 **Copy line 11 here>* **Sa,102.0* **A 12c.* **Sa,102.0* **A 12c.* **Sa,102.0* **A 12c.* **Sa,102.0* **Sa,102.0* **A 12c.* **Sa,102.0* **A 12c.* **Sa,102.0* **A 12c.* **Sa,102.0* **Sa,102.0* **Sa,102	Fo	r your	spouse	\$	_				
Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.	Pens bene not in Unite disat pay p does	sion or efit unde nclude e ed State pility, or paid un a not ex	retirement income. Do not include an er the Social Security Act. Also, except any compensation, pension, pay, annues Government in connection with a distribution of a member of the uniformed sider chapter 61 of title 10, then include a ceed the amount of retired pay to which	ay amount received that was a as stated in the next sentence ity, or allowance paid by the sability, combat-related injury ervices. If you received any rethat pay only to the extent that n you would otherwise be ent	e, do or etired at it itled	8	0.00	\$	
Total amounts from separate pages, if any. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> Sa,102.0 Wultiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the form 12b. Calculate the median family income that applies to you. Follow these steps: Fill in the number of people in your household. Salid in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2.	Do n recei dome Unite disat	ot incluived as estic te ed State oility, or	de any benefits received under the Son a victim of a war crime, a crime agains rrorism; or compensation, pension, pay as Government in connection with a dis a death of a member of the uniformed so	cial Security Act; payments at humanity, or international or annuity, or allowance paid be ability, combat-related injury ervices. If necessary, list othe	r by the or er				
Total amounts from separate pages, if any. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Determine Whether the Means Test Applies to You Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the form 12c. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. GA Fill in the median family income for your state and size of household. 772,594.0 13. \$72,594.0 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. and fill out Form 122A-2.		٠			_ \$	S	0.00	\$	
Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Determine Whether the Means Test Applies to You Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> \$ 3,102.0 Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the form 12b. The result is your annual income that applies to you. Follow these steps: Fill in the state in which you live. GA Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3 and fill out Form 122A-2.					\$	S	0.00	\$	
Determine Whether the Means Test Applies to You Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> Sa,102.0 Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the form 12b. The result is your annual income that applies to you. Follow these steps: Fill in the state in which you live. GA Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2.		To	tal amounts from separate pages, if any	y.	+ \$	3	0.00	\$	
Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11	each	colum	n. Then add the total for Column A to th	ne total for Column B.	\$3,	102.00	+ \$		Total current mont
Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the form 12b. Table and the state in which you live. Fill in the state in which you live. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2.	t 2:	Dete	rmine Whether the Means Test Appl	ies to You					
Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the form 12b. \$ 37,224.0 12b. The result is your annual income for this part of the form 12c. \$ 37,224.0 12d. \$ 37,224.	. Calc	ulate y	our current monthly income for the	year. Follow these steps:					
12b. The result is your annual income for this part of the form 12b. \$\frac{37,224.0}{\text{2}}\$ Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. GA Fill in the number of people in your household. 73 Fill in the median family income for your state and size of household. 74 To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 13. \$\frac{72,594.0}{\text{2}}\$ 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2.		Convi				Conv	v line 11 k	nere=>	\$3,102.00
Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. GA Fill in the number of people in your household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2.	12a.	оору у	our total current monthly income from	line 11			yc		
Fill in the state in which you live. GA Fill in the number of people in your household. Sill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2.	12a.						yc		x 12
Fill in the number of people in your household. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2.		Multipl	y by 12 (the number of months in a yea	ar)			,c	12	27 224 0
Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2.	12b.	Multipl	y by 12 (the number of months in a yea	ar) of the form			,c	12	27 224 0
To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, <i>There is no presumption of abuse</i> . Go to Part 3. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presumption of abuse is determined by Form 122A-2</i> . Go to Part 3 and fill out Form 122A-2.	12b. s. Calc	Multipl The re ulate t	y by 12 (the number of months in a year sult is your annual income for this part the median family income that applies	of the form s to you. Follow these steps:			,c	12	27 224 0
 Line 12b is less than or equal to line 13. On the top of page 1, check box 1, <i>There is no presumption of abuse</i>. Go to Part 3. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presumption of abuse is determined by Form 122A-2</i>. Go to Part 3 and fill out Form 122A-2. 	12b. 3. Calc Fill in	Multipl The re ulate the	y by 12 (the number of months in a year sult is your annual income for this part the median family income that applied ate in which you live.	of the form s to you. Follow these steps: GA			,c	12	27 224 0
 Line 12b is less than or equal to line 13. On the top of page 1, check box 1, <i>There is no presumption of abuse</i>. Go to Part 3. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presumption of abuse is determined by Form 122A-2</i>. Go to Part 3 and fill out Form 122A-2. 	12b Calc Fill ir Fill ir To fil	Multipl The re ulate the standard the number of the manda lise	y by 12 (the number of months in a year sult is your annual income for this part the median family income that applied ate in which you live. Imber of people in your household. The dian family income for your state and the of applicable median income amounts.	ar) of the form s to you. Follow these steps: GA 3 size of household. s, go online using the link spe				13	2b. \$ 37,224.00
14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presumption of abuse is determined by Form 122A-2.</i> Go to Part 3 and fill out Form 122A-2.	12b. Calc Fill ir Fill ir Fill ir To fil	Multipl The re ulate the the standard the number of the munder of the munder of the mu	y by 12 (the number of months in a year sult is your annual income for this part the median family income that applies ate in which you live. Imber of people in your household. The dian family income for your state and the of applicable median income amounts. This list may also be available at the light	ar) of the form s to you. Follow these steps: GA 3 size of household. s, go online using the link spe				13	2b. \$ 37,224.00
3: Sign Below	12b. 5. Calc Fill ir Fill ir To fir for th	Multipl The re ulate the the standard the number of the munder of the munder of the mu	y by 12 (the number of months in a year sult is your annual income for this part the median family income that applies ate in which you live. Imber of people in your household. The dian family income for your state and to f applicable median income amounts. This list may also be available at the let lines compare? Line 12b is less than or equal to line 1	ar) of the form s to you. Follow these steps: GA 3 size of household. s, go online using the link spe	cified in	the separa	ate instruc	13 tions	2b. \$ 37,224.00 3. \$ 72,594.00
	12b. Calc Fill ir Fill ir To fill for th How 14a.	Multipl The re ulate the standard the mand a lissis form do the	y by 12 (the number of months in a year sult is your annual income for this part the median family income that applied ate in which you live. Imber of people in your household. This list may also be available at the limes compare? Line 12b is less than or equal to line 1 Go to Part 3. Line 12b is more than line 13. On the	GA Size of household. G, go online using the link spebankruptcy clerk's office.	cified in	the separa	ate instruc	13 tions option of abu	2b. \$ 37,224.00 3. \$ 72,594.00

Amber Rochelle Beasley

Signature of Debtor 1

Date November 1, 2019

Debtor 1	Amber Rochelle Beasley	Case number (if known)	
	MM/DD/YYYY		
	If you checked line 14a, do NOT fill out or file Form 122A-2.		
	If you checked line 14b, fill out Form 122A-2 and file it with this form.		

Case 19-67470-sms Doc 1 Filed 11/01/19 Entered 11/01/19 14:49:37 Desc Main Document Page 45 of 51

United States Bankruptcy Court NORTHERN DISTRICT OF GEORGIA - ATLANTA DIVISION

In re	Amber Rochelle Beasley	Debtor(s)	Case No. Chapter	7				
	VERIFICATION OF CREDITOR MATRIX							
ne ab	ove-named Debtor hereby verifies	that the attached list of creditors is true and cor	rect to the best	of his/her knowledge.				
Date:	November 1, 2019	/s/ Amber Rochelle Beasley Amber Rochelle Beasley						
		Signature of Debtor						

1803 Capital 2600 Belle Chasse Hwy, Ste 206 Gretna, LA 70056

Amigo Auto Sales, Inc. 4342 Buford Hwy. Atlanta, GA 30341

Dekalb Medical 2701 North Decatur Rd Decatur, GA 30033

Department of Education/Nelnet Attn: Claims Po Box 82505 Lincoln, NE 68501

Drive Time Automotive Group, Inc 4020 E. Indian School Rd Phoenix, AZ 85018

Fast Cash Advance 5231 Memorial Dr Stone Mountain, GA 30083

First Financial Investment Fund V, LLC Reg. Agent: Robert Chalavoutis 3091 Governors Lake Drive Suite 500 Norcross, GA 30071

First PREMIER Bank Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117

Georgia Department of Revenue Compliance Division ARCS Bankruptcy 1800 Century BLVD NE Suite 9100 Atlanta, GA 30345-3202 IRS 401 W. Peachtree St., NW Stop #334-D Room 400 Atlanta, GA 30308

Mountain Crest LP Reg. Agent Corporation Service Company 40 Technology Parkway South, Ste 300 Norcross, GA 30092

National Credit Systems, Inc. Attn: Bankruptcy Po Box 312125 Atlanta, GA 31131

Veritas Instrument Rental Attn: Bankruptcy Dept. 12475 44th St. N Clearwater, FL 33762

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Case 19-67470-sms Doc 1 Filed 11/01/19 Entered 11/01/19 14:49:37 Desc Main Document Page 51 of 51

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.